

Initial Request to Participate

Interagency Intercept Collections Program

Date: _____

DIVISION OF ACCOUNTING & REPORTING
BUREAU OF STATE TAX ADMINISTRATION
ATTN OFFSET COORDINATOR
OFFICE OF THE STATE CONTROLLER
PO BOX 942850
SACRAMENTO CA 94250-5880

FAX: 916.327.2563

The _____ requests authorization to participate
Agency/College
in the Interagency Intercept Collections Program beginning with the 20 _____ process year.

We are a:

☐

State agency

We request intercept services for delinquent debts owed to our agency. Our request and debts meet the legal requirements for participation (California Government Code Sections 12419.5, 12419.10, 12419.11, and 12419.12; State Administrative Manual Sections 8790.1 through 8790.8; California Revenue and Taxation Code 19551).

☐

College

We request intercept services for delinquent debts owed to our college/post-secondary education institution. These debts may include delinquent registration, tuition, bad check fees, library fines, or other permitted debts. Our request and debts meet the legal requirements for participation (California Government Code Section 12419.7, 12419.9, and 12419.12; State Administration Manual Sections 8790.1 through 8790.8).

☐

City or county agency

We request intercept services for delinquent debts owed to our agency. These debts may include property taxes, delinquent fines, bails, vehicle parking penalties, court-ordered payments, or other permitted debts. Our request and debts meet the legal requirements for participation (California Government Code Sections 12419.8 and 12419.10).

See the attached copy of the Pre-Intercept Notice. This notice informs our debtors that their funds will be intercepted to pay delinquent debts owed to our agency/college.

Check all boxes below to indicate the type of debt(s) you intend to submit to the Intercept program.

☐

Dishonored
Check

☐

Fees

☐

Fines

☐

Parking
Citations

☐

Judgments

☐

Taxes

☐

Tuition

☐

Insurance

☐

Unpaid
Services

☐

Overpayment

☐

Other

Executive Officer/Director

(Signature required)

Telephone number: _____